

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 03/22/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445172	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/04/2013
NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION-SMITH COUNTY			STREET ADDRESS, CITY, STATE, ZIP CODE 112 HEALTH CARE DR CARTHAGE, TN 37030		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 066 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoking regulations are adopted and include no less than the following provisions:</p> <p>(1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.</p> <p>(2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.</p> <p>(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.</p> <p>(4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to have smoking regulations that complied with applicable provisions.</p> <p>The finding included:</p> <p>Observation 3/4/13 at 8:49 AM revealed there were no metal containers with self-closing cover devices into which ashtrays can be emptied in all</p>	K 066	<p>K066</p> <p>It is the practice of this Center to maintain metal containers with self closing cover devices into which ashtrays can be emptied that are readily available in designated smoking areas.</p> <p>Replacement metal containers with self closing cover were ordered on 03/07/13 and installed on 03/12/13 in the designated smoking areas. The containers will be checked daily and emptied at least weekly and as needed by housekeeping services.</p> <p>The Plant Operations Director to check for proper operation of the foot operated self closing receptacles in the designated smoking areas at least monthly as part of the Center Preventive Maintenance (PM) program.</p> <p>Continued compliance will be assured through monitoring by Plant Operations Director and Administrator.</p> <p>Non-compliance will be corrected immediately and reported to the Safety Committee. The Safety Committee reports to the Performance Improvement Committee (QAA) Committee.</p> <p>Documentation in the PM Logs are reviewed by the Safety Committee and the Facility Performance Improvement (QAA) Committee at its regularly scheduled</p>	3/31/13.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 066	Continued From page 1 smoking areas. This finding was acknowledged by the maintenance director and the facility administrator during the exit conference on 3/4/13.	K 066	meetings to ensure continued compliance.. MISCELLANEOUS. The membership of the Safety Committee is: Admin, DON, Staff Development Dir, Directors of: Soc Services; Act; Payroll & Benefits; Dietary Services, Hskg/Laundry, Maintenance and representatives of CNT, Housekeeping/Laundry and Dietary. The Membership of the PI (QA) Committee is: Medical Dir, Admin, DON, ADON; MDS Coordinator, Staff Development Dir, Directors of: Soc Services; Act; Business Ofc; Dietary Services, Hskg/Laundry, Maintenance, Med Records and PI (QA) Team Leader(s). The Administrator is responsible for overall compliance		